GD 2026/0005

Isle of Man Government
Reiltys Ellan Vannin

Department of Health and Social Care

DEPARTMENTAL RESPONSE

To

MIAA's Governance Review of the Arm's Length Arrangements between the Department of Health & Social Care and Manx Care

January 2026

Executive Summary

This paper sets out the Department of Health and Social Care's response to the Governance Review of the arm's-length arrangements between the Department and Manx Care, conducted by Mersey Internal Audit Agency (MIAA) and published in November 2025. The review was commissioned to address the requirements of Tynwald Motions from October 2024 and April 2025, focusing on the future model of health and social care governance, clarity of roles, and long-term sustainability.
MIAA assessed four potential options for the Island's health and social care system. The review identified several fundamental challenges in the current system that must be addressed regardless of the model chosen. To address these issues and deliver a strengthened partnership model, the Department proposes nine key recommendations. These include establishing a 5–10-year strategy underpinned by a three-year financial settlement, redesigning Board governance arrangements, improving joint financial and strategic planning with Treasury, strengthening leadership capacity within DHSC, developing a robust commissioning model, clarifying shared services functions and modernising legislation.
The Department believes that Option 3 provides the best balance of improved accountability, financial oversight, service integration and strategic clarity, while avoiding the disruption and cost associated with reintegration or structural reform. It builds on the progress already made since the establishment of Manx Care, aligns with stakeholder expectations, and provides a clear and deliverable pathway to secure long-term, sustainable high-quality health and social care for the Island. Stakeholder feedback received through interviews, written submissions and post-publication engagement sessions strongly supports this direction, recognising the need for reform while avoiding unnecessary organisational disruption.

Subject to Tynwald's approval, the Department will progress key foundational activities over the coming months, alongside a structured design phase scheduled from February to June 2026. The Department will return to Tynwald with a detailed implementation plan for Option 3 in June 2026 for delivery by the next administration.

Introduction

This report is the Department of Health and Social Care's (DHSC) response to the findings of the Governance Review of the Arm's Length Arrangements between the Department of Health and Social Care and Manx Care (undertaken by Mersey Internal Audit Agency and published in November 2025). It sets out the Department's key recommendations and next steps following the review, as well as outlining a proposed implementation plan for the financial year 2026-27.

The DHSC's Interim Chief Officer commissioned the review in June 2025, in response to Tynwald Motions in October 2024 and April 2025.

Background to the Motions

At the October 2024 sitting, Tynwald resolved that –

'Tynwald is of the opinion that:

1. *DHSC should review the operation of the current legislation with a view to amending or replacing existing legislation in order to provide the opportunity for further reform and clarify the governance and division of responsibilities of the Department of Health and Social Care and Manx Care with drafting principles and be brought for debate at the January 2025 sitting of Tynwald;*
   and further that the Council of Ministers should:

2. *Ensure the current frameworks within Manx Care and DHSC be reviewed to ensure that healthcare professions are fully engaged to secure continuous improvement of healthcare;*

3. *Undertake a review of how the Executive members of Manx Care are appointed and employed, including how individual performance is assessed, managed and reviewed on an annual basis; and*

4. *Undertake a review of how the operation of Schedule 1 of the Manx Care Act 2021 has worked in practice, in particular the membership of the board, with a view to whether political representation on the board is required, and that the results of*

such review should be submitted to Tynwald for debate no later than the March 2025 sitting."

Since then, the Department has responded to the Motion with options and proposals for dividing up the packages of work, and a Motion, which was later not moved, to establish a Select Committee to undertake the Review.

During the April sitting of Tynwald in debate on a Motion on the Mandate to Manx Care and Manx Care Operating Plan, Tynwald resolved[1] following an amendment *"That Tynwald is of the opinion that consideration should be given to how Government determines funding allocations for third sector organisations delivering essential health and social care services, and that as part of the ongoing healthcare reform review, as resolved by Tynwald, this allocation should be reviewed.* Under the same motion, a further amendment was approved *"that Tynwald requests under section 6(2) of the Tynwald Auditor General Act 2011 that the Tynwald Auditor General carry out a value for money inspection of Manx Care in respect of all of Manx Care's functions.".* While this amendment is referred to in the Key Lines of Enquiry of this review, the inspection is subject to the remit of the Tynwald Auditor General.

In order to respond to Parts 1 and 4 of the original October 2024 Motion, and the April 2025 Motion, following an inter-departmental workshop, it was recommended than an independent review be commissioned.

Subsequently, the Department of Health and Social Care (DHSC) committed to prioritising the commissioning of a firm to undertake an independent governance review of the arm's-length arrangements between the DHSC and Manx Care.

[1] Votes and Proceedings - April 2025 sitting of Tynwald

Background to the Report

The review was conducted by the Mersey Internal Audit Agency (MIAA), a consultancy firm with expertise in governance and risk management within health and care systems.

The Terms of Reference, published on the DHSC website, outlined the review's purpose: to address Parts 1 and 4 of the October 2024 Motion and the April 2025 Motion. MIAA was tasked with examining four key lines of enquiry (KLOEs): **efficiency, governance, efficacy and outcomes, and accountability**. These were assessed through the lenses of roles & responsibilities, decision-making, assurance, culture & stakeholder relationships, and accountability & oversight. Operational governance within Manx Care was not in scope, as Manx Care completed its own review in 2024, published earlier this year. It will be important to align any recommendations across the two reviews.

The review team used a thorough and structured approach. They spoke directly with a wide range of stakeholders through semi-structured interviews, and carried out a detailed desktop review of legislation, external reports, governance papers, and other key documents. They applied recognised guidance for reviewing public bodies and then analysed all the evidence thematically - cross-referencing interview insights with findings from the documentation review. This triangulated method gave the review real depth and ensures that the conclusions presented by MIAA are robust.

The report appraised four options for the future direction of the Isle of Man Health and Social Care System, which were:

1. Do nothing
2. Full implementation of Sir Jonathan Michael's Independent review recommendations
3. Strengthened partnership between Manx Care and the DHSC
4. Reintegration of Manx Care with DHSC

The report describes each of the four options as coherent, discrete options in their own right, with relevant recommendations tailored to each.

MIAA, sharing their experience in NHS governance, were pointed in their advice to Department that, in taking forward the recommendations, they have deliberately avoided combining elements from different options, preserving the clarity and integrity of their analysis.

MIAA conducted a detailed appraisal of Options 2 and 3 only, based on stakeholder feedback indicating that Options 1 and 4 were largely considered not viable despite significant concerns about the current model. Following this analysis, MIAA concluded that Option 3 represents the most practical and sustainable pathway forward (MIAA Report, p.18).

Crucially, MIAA noted that, regardless of the option ultimately selected, *'There are a number of fundamental challenges evident in the current model, which if not addressed will undermine any proposed change in the direction and/or structure of the health and social care service model.'* (MIAA Report, p.17).

In summary, those 'fundamental challenges' are captured in Appendix C of MIAA's report, and they are:

1. The lack of a 5–10-year health and social care strategy underlined by a three-year financial settlement.
2. Poor relationships and a lack of trust between Treasury, DHSC and Manx Care, especially relating to strategy and budget.
3. Overly complex decision-making pathways, and a lack of robust political oversight of the Manx care Board.
4. The absence of a commissioning strategy and underpinning service specifications.
5. The lack of a coherent communication framework across DHSC and other government departments.

6. The need to review the shared services model supporting DHSC and Manx Care, including their capability and capacity to effectively support mandated health and social care functions.

Following the MIAA Report's publication, the Department has gathered further insight and feedback from a number of stakeholders and sources, including: -

- The December 2025 Tynwald debate on the MIAA Report and its findings. The debate focussed on:
  - the financial model and funding challenges,
  - multiple previous reviews which have not resolved fundamental problems,
  - current governance is unclear and ineffective,
  - the need for better integration and collaboration,
  - the clinical/professional voice from the workforce in decision-making,
  - that public confidence requires clear plans and accountability.

  There was general recognition that the current model is not fit for purpose and reform is needed.

- Written feedback from various sources including officers working in the Department, the Manx Care Chair and Chief Executive, the Isle of Man Medical Society (IOMMS) and the Health & Social Care Ombudsman Body.
- Structured discussion and analysis within the Department itself via a series of meetings to analyse and assess the findings within the report.
- Post-publication stakeholder feedback sessions (18th and 19th December 2025), inviting those who were originally contacted to contribute to the review, to reflect on the Report and its recommendations.

Department Response

Insight from the post-publication feedback

Post-publication stakeholder feedback reinforced and expanded upon MIAA's findings, providing valuable additional insights. Key themes included:

- Strong support for establishing a longer-term strategic and financial planning cycle.
- Recognition of the negative impact that short-term planning has on voluntary and community sector partners, as well as on transformation initiatives.
- Advocacy for a needs-led commissioning model, underpinned by public health expertise, to ensure a greater focus on outcomes for residents.
- The importance of strengthening data-driven and evidence-based decision-making through an outcomes-focused commissioning approach.
- A clear opportunity to streamline what many stakeholders viewed as overly complex and inefficient decision-making processes.
- Working closely with Public Health, the need for the Department to develop a comprehensive understanding and mapping of current and future health and social care provision, particularly within the voluntary and community sector, and to better assess the social value of this work.
- Alignment with MIAA's recommendation to address whole-island health and social care challenges, including demographic changes such as an ageing population and broader economic pressures.
- The need to ensure that all clinical and professional voices are heard, providing clear avenues for contributing to decision-making.
- Consistent feedback that the Department should prioritise co-production with stakeholders in shaping policy and service reform, especially with voluntary and community sector partners.
- A recognised opportunity to clarify roles and responsibilities within DHSC, reduce duplication, and strengthen capability and capacity in critical areas such as commissioning.

Department recommendations and next steps

The MIAA Review and this Departmental response addresses Parts 1 and 4 of the October 2024 Motion and the April 2025 Motion, albeit the recommendations made in this response in relation to the funding allocation for the third sector requires dedicated co-production with sector partners to establish a clear and sustainable commissioning framework that currently does not exist.

At the core of the debate on the future model for health and social care on the Island - and central to this governance review - are two fundamental questions:

1. How can the Island ensure the delivery of modern, high-quality, and safe health and social care services within a clearly defined and necessarily limited financial envelope?
2. How can the Island enable health and social care services to evolve at pace while maintaining appropriate political oversight, given that the Minister for Health and Social Care remains ultimately accountable for delivery and outcomes within the Department?

In summary of the report's recommendations:

Option 1: **Maintaining the status quo** can be dismissed as non-viable, given the strength of stakeholder feedback that change is essential. This leaves three options for consideration.

Option 2: Full implementation of the Sir Jonathan Michael (SJM) recommendations

Continuing along this path would effectively disregard stakeholder feedback calling for a shift away from the existing mandate architecture toward a strategic commissioning model. It would also simply preserve current relationships between DHSC, Manx Care, and Treasury - relationships that stakeholders have indicated require a fundamental rethink. Moreover, this approach risks amplifying concerns about stretched budgets without introducing the tools needed to address them, such as a revised funding model and commissioning approach. Without significant change, improvements in inter-

organisational relationships are unlikely, and questions remain as to whether a small jurisdiction like ours can fully deliver the system envisaged by Sir Jonathan Michael.

Option 3: Strengthening and simplifying the partnership between DHSC and Manx Care

This option addresses the fundamental issues identified by MIAA whilst building on progress achieved over the past five years, a point noted by many stakeholders. It avoids the potentially costly and disruptive re-establishment of a single departmental structure (which would entail undertaking staff retention and rebranding exercises) and mitigates the challenges associated with the previous integrated model, which were clearly highlighted in the Sir Jonathan Michael review, 2019.

Option 4: Reintegrating Manx Care with DHSC

MIAA largely discounted this option, as very few stakeholders expressed a desire to return to a single departmental model, which would eliminate the arms-length arrangement. While this approach might offer closer operational oversight, it would expose Ministers and political members to direct accountability for complex clinical/professional decisions and could be perceived as a step back from the arms-length arrangement and reverting to a model previously considered ineffective. Furthermore, questions remain about whether financial overspends reflect structural deficits and whether these issues are unique to Manx Care.

Recommended Approach

The preferred approach must be the one that most effectively addresses the two fundamental questions set out above. **This response represents the position of the Minister for Health & Social Care, endorsed by the Department, and seeks Tynwald's support for Option 3, Strengthened Partnership between Manx Care and the DHSC.**

Option 3 provides a pragmatic and balanced solution that strengthens governance and accountability, builds on the progress already achieved, and reflects the clear views of stakeholders. It delivers meaningful reform without the disruption, cost, or risk associated with more radical structural change.

The MIAA report describes Option 3 as, "*This option proposes closer collaboration between DHSC and Manx Care through legislative updates and shared governance mechanisms. Amendments to the Manx Care Act and related legislation would enable joint strategic planning, integrated commissioning, and shared accountability. The approach aims to reduce duplication, improve service integration—including with the 3rd sector—and foster a unified leadership culture. Benefits include enhanced financial oversight, faster decision-making, and improved patient experience. However, risks include potential loss of Manx Care's operational independence, governance complexity, and cultural misalignment, which may dilute performance and blur strategic and operational roles."* (p. 19).

Key considerations

The nine key recommendations listed below address the fundamental issues detailed in Appendix C of the MIAA report and incorporate the areas of work required to achieve Option 3, Strengthened Partnership between Manx Care and the DHSC. Some examples of key areas of work to include when designing this model are suggested in each section.

1. **Develop a 5–10-year health and social care strategy/plan for health and social care on the Isle of Man underpinned by a 3-year financial settlement.**

1a) 5–10-year health and social care strategy

This recommendation relates to the 'Fundamental Issues', Appendix C of the MIAA report.

The Department agrees with this recommendation, *"to establish a clear, shared vision for health and social care that aligns with the Island Plan and reflects population needs"* (p.28, MIAA review).

This strategy represents a deliberate shift away from short-term, one-year planning toward a long-term approach that addresses the Island's future health and social care

challenges and opportunities. Its purpose is to set clear priorities for health and social care over the next decade, aligning activity and cost-based commissioning with defined population outcomes based on patient/service user need with a defined demand plan. The strategy will provide a framework for investment decisions, workforce planning, and service design, ensuring that resources are directed toward areas of greatest need and impact. By embedding a strategic commissioning approach, it will enable the Island to respond to demographic change, evolving health needs, and future opportunities in service delivery, while maintaining financial sustainability and accountability.

Examples of key areas of work when designing the model:

- Partnership working and co-production will be a core principle, with active engagement from key stakeholders—particularly voluntary and community sector partners, to gain a deeper understanding of current service provision and evolving population needs at a granular level.
- As the lead authority for the Island's health and social care strategy, the DHSC will coordinate and oversee a structured development process. From inception, the Department will work closely with Treasury to ensure financial sustainability and affordability throughout the planning cycle.

1 (b) Establish a Three-Year Financial Settlement

This recommendation relates to the 'Fundamental Issues', Appendix C of the MIAA report. The Department agrees with this recommendation.

This approach will:

- Provide stability for planning and transformation initiatives.
- Align with the long-term strategy.
- Draw on best practice from other jurisdictions.
- Ensure compliance with legal frameworks (and Financial Regulations) in consultation with the Attorney General's Chambers.

Examples of key areas of work when designing the model:

- The Department and the Treasury to set an indicative three-year funding settlement, with robust budgetary controls.
- A series of engagement sessions with the Treasury should be built into the early stages of the implementation plan.

2. Strengthen Engagement Between Treasury, DHSC and Manx Care ensuring alignment of budget and strategy

This recommendation relates to the 'Fundamental Issues', Appendix C of the MIAA report. The Department agrees with this recommendation.

This approach will (p. 28, MIAA report): -

- Build trust and improve collaboration.
- Support the development of the Madate and funding decisions.
- Avoid duplication of roles and ensure each position contributes effectively to financial governance and management.

Examples of key areas of work when designing the model:

- A permanent appointment of the current vacant Finance Director role within Manx Care, undertaken on a collegiate basis with DHSC and Treasury, to enable integrated financial planning and deliver the financial recovery programme.
- DHSC and Treasury to formalise involvement in strategic development, potentially through participation with governance boards.

3. Strengthened partnership arrangements between the DHSC and Manx Care

This recommendation relates to the 'Fundamental Issues', Appendix C of the MIAA report. The Department agrees with this recommendation.

This approach will (p.29 MIAA report): -

- Support strategic continuity, improved accountability, organisational stability, effective collaboration and cultural leadership.
- Simplify decision making pathways.
- Reduce duplication between the DHSC and Manx Care.

Examples of key areas of work when designing the model:

- Recruit a permanent senior leadership team within DHSC, including Chief Officer and Deputy Chief Officer, to provide stable leadership and ensure the Governance Review implementation plan is driven forward with clear accountability and timely delivery.
- Apply a structured approach to identify and remove any areas of duplication within the Department.
- Consider enhanced oversight by strengthening political representation and scrutiny of the Manx Care Board by improving the quality and consistency of Board oversight.
- In partnership with the relevant Departments, review shared functions - finance, HR, communications, IT, communications and performance management, to optimise efficiency and value for money.

4. Develop and implement a commissioning strategy supported by aligned service specifications.

This recommendation relates to the 'Fundamental Issues', Appendix C of the MIAA report. The Department agrees with this recommendation.

This recommendation crosscuts with other steps and activity detailed within the nine points in this Department response.

Examples of key areas of work when designing the model:

- Develop the skills and resources required to transition from the current mandate-based architecture to a needs-assessment based commissioning model.
- Work with the Office of Human Resources to develop the appropriate Commissioning expertise within the Department.
- Establish a clearly articulated commissioning cycle and approach, ensure it is well-communicated, and gain political endorsement for its implementation.

5. Integrate and Strengthen Communications Functions

This recommendation relates to the 'Fundamental Issues' Appendix C of the MIAA report. The Department agrees with this recommendation.

This will (p. 29, MIAA report): -

- Create a more collaborative approach
- Develop a unified communication framework

Examples of key areas of work when designing the model:

- Redefine roles and responsibilities within the communications function, with a clear focus on proactive engagement - particularly in responding to Ministerial queries, managing public relations, and ensuring coordinated press releases.
- Securing dedicated skilled capacity to design and deliver a comprehensive communications strategy that reflects the joint needs of both DHSC and Manx Care.

6. Define shared services model for health and social care

This recommendation relates to the 'Fundamental Issues' Appendix C of the MIAA report. The Department agrees with this recommendation.

This work will (p.30, MIAA report):

- Ensure that services are equipped to support the specialist functions in health and social care.

Examples of key areas of work when designing the model:

- Work closely with Manx Care, Cabinet Office and the Treasury to understand and define the capacity and capability required to fully and effectively support Manx Care across HR, Finance and GTS.
- Scope out deliverability of 'repatriation' options and make recommendations to the Council of Ministers.

The remaining sections (7-9) relate to specifically implementing Option 3 - Strengthened Partnership between Manx Care and the DHSC.

7. Policy and Legislative reform

As referenced within the MIAA report (p.20) a programme of legislative activity will need to take place. The delivery of this programme is heavily dependent on resource availability and will need to be sequenced alongside the Departments fully committed primary and secondary legislation programme.

The design phase will incorporate a dedicated workstream to assess legislative implications and ensure they are fully built into the programme of work.

- Before June 2026:
    - In line with Option 3, review the Statutory Boards Act 1987 alongside the Manx Care Act with possible amendments to ensure governance arrangements are consistent and modernised.

- Through the NHS Amendment Bill (scheduled in the Branches February 2026), bring forward enabling powers to allow Schedule 1 of the Manx Care Act to be amended by Tynwald approval.
- Prepare a legislative plan to implement Option 3.

8. DHSC Capability and Capacity

To enable full delivery of the key recommendations, the Department will sharpen, strengthen and realign its resources.

This will include:

- **Commissioning Expertise**: As per section 4 above, there will be a need to implement a structured commissioning training programme and work collaboratively with Manx Care to bolster commissioning capability within DHSC.
- **Role Clarity and Efficiency**: In partnership with Manx Care, review responsibilities across both organisations to eliminate duplication and ensure value for money. This will include developing more efficient and cost-effective processes for handling Ministerial queries and strengthening democratic governance.
- **Estates Strategy**: Assess and agree a unified approach to estates planning in collaboration with the One Government Estate Project and Manx Care, leveraging existing expertise to deliver a coherent, sustainable strategy.
- **Transformation Programme**: undertake a review of the current Health & Care Transformation Programme.

9. Board Governance restructure

A dedicated working group will be established to design and define the future Board governance structure. This work should progress at pace and conclude in a timely fashion, and in parallel with legislative changes being developed by the Attorney General's Chambers.

Examples of principles which should be applied:

- Review Schedule 1 of the Manx Care Act in line with Option 3 of the Review.
- To develop the governance structure in line with the recommendations in the Review**.**
- Shift emphasis away from detailed operational matters and towards driving and delivering an integrated health and social care strategy across DHSC and Manx Care, with a key focus on outcomes and key Department priorities.
- Draw on effective governance models from other statutory boards (e.g. Manx Utilities, Isle of Man Post Office) while ensuring the approach is tailored to health and social care.
- Ensure the new Board structure demonstrates a reduction in complexity and fosters a closer, more integrated relationship between DHSC and Manx Care.
- Ensure enhanced budgetary controls within the Board structure.
- Provide clear avenues for the clinical and professional voice, contributing to decision-making.

Next steps

There is significant detailed planning required to develop a timely and effective programme for implementing Option 3. Effective engagement with key stakeholders and interested parties will be essential to shaping a robust and deliverable design.

To progress the initial phase, the Department will focus on the following key areas:

- Establish working groups to lead the detailed design of Option 3, reviewing each recommendation to ensure the principles are clearly defined, agreed, and deliverable. This phase is expected to take approximately three months.

- Ensure the design is co-produced in partnership with Manx Care, the Cabinet Office, the Treasury, and all other relevant stakeholders.

- Maintain and strengthen the progress made to date in developing positive, collaborative relationships between DHSC, Manx Care and Treasury, as highlighted in the MIAA report.

- To consider any legislative changes to provide the relevant flexibility around board appointments as required, such as tenure.
- A review of the current structure of the Department; this work is scheduled to commence in March 2026. This review is critical to ensuring that the Department has the resources to implement any change and manage transition.

The detail for some of the activities referenced above can be found in the attached design plan, Appendix 1.

It is the Department's intention, with the support of Tynwald, to undertake this design work, along with delivering some key foundational activities within the next few months and return to Tynwald in June 2026 with a detailed implementation plan for Option 3, ready for delivery in the next administration.

Conclusion

Option 3 represents the most pragmatic, efficient and sustainable approach for the future of health and social care governance on the Island. The rationale for this recommendation is clear and supported by multiple factors:

- **Enhanced Oversight and Financial Governance**: This option moves from an arms-length arrangement to a closer, more integrated partnership - providing stronger political oversight and improved financial governance through a commissioning-based approach.
- **Cost and Practicality**: Reverting to a previous model would be costly, time-consuming, and disruptive. Building on existing progress offers a more efficient and effective route to reform whilst reducing duplication of roles and achieving efficiency savings which can be prioritised to provide care.

- **Alignment of Leadership**: The Minister and Department members are united behind this option, ensuring strong political and organisational commitment to its delivery.
- **Stakeholder Endorsement**: Feedback gathered during and after the publication of the MIAA report demonstrates broad support for Option 3 across stakeholders, including healthcare professionals, voluntary sector partners, and governance experts.
- **Continuity and Progress**: There is minimal appetite to revert to previous models. Evidence shows that progress has been made under the current framework, and Option 3 builds on this momentum rather than disrupting it.
- **Expert Recommendation**: MIAA, drawing on extensive experience in NHS governance, strongly advises against a "pick and mix" approach and recommends Option 3 as the most viable solution tailored to the Island's unique context.
- **Resource Dependency**: Successful implementation of this programme is contingent on DHSC securing the necessary resources and time to deliver the required changes at pace and scale.

In summary, Option 3 offers a balanced solution that strengthens governance, enhances accountability, and responds to stakeholder priorities while avoiding the risks and costs associated with radical structural change. It provides a clear framework for delivering modern, high-quality health and social care services within a sustainable financial envelope. The initial phase of work detailed within Appendix 1 will provide the foundations for the design and implementation of a new model.

Appendix 1 – Draft design phase plan – February 2026 – June 2026 (attached)

Governance Review of the Arm's Length Arrangements between the Department of Health & Social Care and Manx Care

Design Phase Plan: Foundational Activities

	Feb 26	*Mar 26*	*Apr 26*	*May 26*	*Jun 26*
ministrative line	**Governance Review** response debated at **Tynwald**	**Regular sittings** of **HoK**, **CoMin** & **Tynwald**		**07 May: Submit** Implementation Plan to CoMin **14 May:** Implementation plan considered by CoMin	**19 May: Submit** Implementation Plan to RoB **16 - 18 Ju Implemen Plan** debat Tynwald
& Mobilise Steering/ Group(s)	Identify and establish **Steering Committee (project board)** Assign ownership of workstream(s) to **Delivery Groups** and **Delivey Group Lead(s)**	**Initial** Steering Committee / Delivery Group meetings. Agree reporting modality and cadence	Delivery Group Progress reports **Steering Committee** meeting	Delivery Group Progress reports	Delivery Group Prog reports **Steering Committ Delivery Group Lead(s)** check-up m
/Stakeholder ment & ement	Complete **RACI analysis**, identifying stakeholders internal and external to Government.	Engagement Plan Created	**Identify key metrics/ reportables** for in implementation plan.	**TMB ahead of** Implementation Plan debate in Tynwald	**Me rel** acc Tyn ses
	Continue building/maintaining relationships between key stakeholder(s), in particular Manx Care, DHSC & Treasury				